

RESTITUTION PLAN

Defendant Name: _____ Case #: _____

Social Security Number: _____

Bank Name: _____

Bank Account #: _____

Employer Name: _____

Employer Address: _____

Sentencing Judge: _____ Sentencing Date: _____

Defense Attorney: _____

Restitution is due to the following person(s) and/or organization(s):

- 1) Name: _____
Amount due this victim: \$ _____
- 2) Name: _____
Amount due this victim: \$ _____
- 3) Name: _____
Amount due this victim: \$ _____

TOTAL AMOUNT DUE IN RESTITUTION: \$ _____

Pursuant to §19.2-305.4 and §6.1-330.54 of the Virginia Code, interest will be assessed at the legal rate on the total restitution amount due. Interest will begin to accrue on the day of sentencing.

Each payment **shall** be made by the following schedule:

- A. Monthly: Due the _____ day of each month.
- B. Other: _____

Each payment **shall** be in the amount of \$ _____, beginning 30 days from the date restitution is ordered, unless otherwise stated in the court's order. These payments shall continue until paid in full.

PENALTIES FOR FAILURE TO COMPLY WITH THIS RESTITUTION PLAN

1. **Immediate suspension of your driver's license until restitution is paid in full.**
2. **Issuance of a Show Cause, Capias or Bench Warrant (by discretion of a Circuit Court Judge.**
3. **A judgment may be entered against you and any property you own.**

The Defendant certifies that he/she has the means to comply with the terms of this plan and understands the penalties for failure to comply with them.

Defendant's Signature

Date

****ALL RESTITUTION PLANS MUST BE ACCOMPANIED BY A VICTIM INFORMATION SHEET FOR EACH VICTIM OR THEY WILL NOT BE ACCEPTED BY THE COURT.****

Original (Court)

Yellow (Probation)

Pink (Commonwealth Atty)

Green (Defense Atty)